

CHILD CARE VERIFICATION**APPLICANT NAME:** _____I am the ☐ Custodial Party ☐ Noncustodial Parent**APPLICANT:** Give your child care provider this form to complete. Attach any receipts or copies of canceled checks for child care that you may have.**CHILD CARE PROVIDER:** Complete the appropriate section(s) for the children of the above named applicant for whom you provide child care.**SECTION I: INFANT & PRE-SCHOOL CHILDREN**

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone () _____

Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

Child	Amount \$	(Circle One) per week/month/day
Child _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
Total: \$ _____		per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct._____
(Signature of Child Care Provider) Date: _____**SECTION II: SCHOOL-AGE CHILDREN****A. For child care provided during regular school sessions:**

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone () _____

Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

Child	Amount \$	(Circle One) per week/month/day
Child _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
Child _____	_____	_____
Total: \$ _____		per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct._____
(Signature of Child Care Provider) Date: _____**CONTINUED ON REVERSE**

SECTION II: SCHOOL-AGE CHILDREN continued

**B. For summer/vacation care for school-age children, attach receipts or canceled checks.
Include these amounts in the information specified below.**

Name of Provider/Day Care Center _____

Address _____ Apt. or Unit No. _____

City _____ State _____ Zip _____ Phone () _____

Name of Person or persons who pay(s) you for childcare _____

Name of the children of this parent for whom you provide care and the amount you receive.

Child _____ Amount \$ _____ (Circle One) per week/month/day

Child _____ Amount \$ _____ per week/month/day

Child _____ Amount \$ _____ per week/month/day

Child _____ Amount \$ _____ per week/month/day

Total: \$ _____ per week/month/day

I declare under penalty of perjury under the laws of the State of California that the foregoing is true and correct.

(Signature of Child Care Provider) Date: _____